

BUILDING PERMIT APPLICATION

LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT
Division of Building Inspection, 101 East Vine Street, Lexington, KY 40507
MAILING ADDRESS: 200 East Main Street, Lexington, KY 40507

Construction Location:						Zone:	
Owner:					Phone:		
Address:							
City:					State:		Zip:
Contractor:					Phone:		Registration #
Address:							
City:					State:		Zip:
Lot No.:		Subdivision:				Plat Date:	
Unit:		Section:		Subsection:		Block:	
Sewer: <input type="checkbox"/> Septic: <input type="checkbox"/>		Construction Type:			Construction Cost:		
# of Buildings:		# of Units:	# of Stories:	# of Rooms:	# of Baths:		# of ½ Baths:
Foundation : Slab <input type="checkbox"/> Crawl <input type="checkbox"/>				Basement: Unfinished <input type="checkbox"/> Finished <input type="checkbox"/>			
Floodplain: In <input type="checkbox"/> Out <input type="checkbox"/> Released <input type="checkbox"/>					Floor Elevation:		
				Sq. Ft.			Total \$
Living area all finished floors including finished basements, attached and basement garages, covered porches, stoops, breezeways and decks (1500 sq. ft. or less – minimum \$25; over 1500 sq. ft. - minimum \$50)						X .02	
Paving and driveways						X .006	
Exaction Fee						Per Plat	
Impact Fee – Single Family (Not applicable if exaction fee paid)						+ 180.00	
Duplex (per unit)						X 120.00	
Townhouse (per unit)						X 120.00	
Apartments (per unit)						X 100.00	
Curb Cuts (per cut)						X 10.00	
PAID BY: Cash <input type="checkbox"/> Check <input type="checkbox"/> Check #:						\$	
NOTES: <input type="checkbox"/> SOME TYPES OF CONSTRUCTION MAY REQUIRE FIRE-RESISTIVE WALL SYSTEMS. <input type="checkbox"/> TERMITE INSPECTION REPORT REQUIRED PRIOR TO ISSUANCE OF CERTIFICATE. <input type="checkbox"/> FRAMING INSPECTION MUST BE SCHEDULED PRIOR TO DRYWALLING. <input type="checkbox"/> CERTIFICATE OF OCCUPANCY, ISSUED UPON FINAL INSPECTION BY THIS OFFICE, IS REQUIRED PRIOR TO THE OCCUPANCY OF THIS BUILDING. <input type="checkbox"/> MINIMUM FINISHED FLOOR ELEVATION, IF REQUIRED, MUST BE PROVIDED PRIOR TO FRAMING.							
REVIEW NOTES:							
THE UNDERSIGNED HEREBY CERTIFIES THEY ARE THE OWNER OR THE OWNERS’S AGENT OF THE ABOVE PROPERTY AND THAT THEY HAVE RECEIVED AND UNDERSTAND THE “EROSION CONTROL REQUIREMENTS FOR HOMEBUILDERS”.							
SIGNATURE:				DATE:			
WORKER’S COMP CERT. ON FILE – EXP. DATE: _____ LIABILITY INSURANCE EXP. DATE _____							
APPROVED BY: _____							
HANDOUTS GIVEN: WINDOW, FIREPLACE, DECK, FIRE DEPT. NOTICE							

PLAN REVIEW DATA

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BUILDING CODE: KRC 200			
1. Type of Building:			
Single Family <input type="checkbox"/> Duplex <input type="checkbox"/> Townhouse <input type="checkbox"/> Room Addition <input type="checkbox"/> Other <input type="checkbox"/> Description:			
2. Footer Size:		Footer Depth Below Grade: (Minimum 24")	
3. Foundation Type:		Basement Type:	
Slab <input type="checkbox"/> Crawl <input type="checkbox"/> Basement <input type="checkbox"/>		Unfinished <input type="checkbox"/> Finished <input type="checkbox"/>	
4. Foundation Thickness:	Foundation Materials: Block <input type="checkbox"/> Concrete <input type="checkbox"/>	Basement Foundation Design:	Max Backfill:
5. Girder Size/Type:	Girder Pier Spacing:	Special Beams:	
6. Sill Plate Fastener Type:			
Bolts <input type="checkbox"/> (6 ft. o. c.) Straps <input type="checkbox"/> (3 ½ ft. o.c.) Other <input type="checkbox"/>			
7. Floor Joists: First Floor _____ Spacing _____ O.C. Other _____			
Second Floor _____ Spacing _____ O.C.			
8. Floor Sheathing: Type/Thickness _____		Roof Sheathing: Type/Thickness _____	
9. Stud size and spacing standard:		Girder or foundation wall studs:	
10. Ceiling Joist:		Will there be attic storage?	
Size: _____ Spacing: _____ O.C.		Yes <input type="checkbox"/> No <input type="checkbox"/>	
11. Rafters:		Roof Trusses: (Must be pre-engineered)	
Standard Size: _____ Spacing: _____ O.C. Other: _____		Yes <input type="checkbox"/> No <input type="checkbox"/> Other: _____	
12. Attached Garage: (Door to house must have 20 min. fire rating)		Storage Above:	
Drywall Type: _____		Yes <input type="checkbox"/> No <input type="checkbox"/>	
13. Safety Glazing:	Glazing in a tub area?	Glazing larger than 9 sq. ft. and located within 18" of the floor?	
Within 24" of a door? Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
14. Fireplace: (ALL FIREPLACES MUST HAVE EXTERIOR AIR SUPPLY)		Decorative Gas Appliance:	
Yes <input type="checkbox"/> No <input type="checkbox"/> Masonry <input type="checkbox"/> Factory Built <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
15. Brick Veneer? (WEATHER RESISTANT MEMBRANE REQUIRED)			
Yes <input type="checkbox"/> No <input type="checkbox"/>			
16. Heating System Type:			
Gas <input type="checkbox"/> Electric <input type="checkbox"/> Location: _____			
17. Energy: Compliance with the KRC is required. Note: One of the following methods is required. <input type="checkbox"/> Minimum values as per KRC <input type="checkbox"/> Alternative Method:			
18. Is a wood deck to be constructed?			
Yes <input type="checkbox"/> No <input type="checkbox"/> Size: _____ Height Above Grade: _____			
Notes:			